

STUDENT NAME _____ Gender _____ DATE OF BIRTH _____
First Last, Middle month day year
PARENT OR GUARDIAN _____ DAYTIME PHONE (____) _____

HOME ADDRESS _____ Mailing Address _____
Street City Zip

FULL NAME OF SCHOOL TO BE ATTENDED St. Dominic Academy PHONE (201) 434-5938

ADDRESS OF SCHOOL 2572 Kennedy Blvd, Jersey City, NJ 07304 GRADE _____

SCHOOL HOURS 8:00 A.M. to 3:00 P.M. DATE SCHOOL OPENS 9/8/16 CLOSSES 6/9/17

DISTANCE FROM YOUR HOME TO SCHOOL _____ (measure via shortest public roadway or walkway in miles and tenths)

NAME AND ADDRESS OF LAST SCHOOL ATTENDANCE _____

DATE _____ SIGNATURE _____

NEW JERSEY STATE DEPARTMENT OF EDUCATION **(B7T) REQUEST FOR PAYMENT OF TRANSPORTATION AID**
Div. of finance/ bureau of pupil transportation **PRIVATE SCHOOL STUDENT**
Complete two copies for each eligible student. One for each semester.

_____, do hereby certify that _____, who resides at
(Parent/Guardian) Name of Pupil

_____ has been transported to _____
Name of Nonprofit School

Situated in _____, from _____ / _____ / _____ to _____ / _____ / _____
City State month day year month day year

In consideration thereof, I hereby request payment of transportation aid pursuant to NJSA 18A: 39-1. I do solemnly declare and certify under the penalties of the law that this request for payment is correct in all its particulars, and I am not claiming reimbursement or receiving transportation from any other school district for the same period of time.

_____ Date _____ Signature of Parent or Guardian

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_____ Date _____ Signature of Parent or Guardian

WHEN PROPERLY EXECUTED, THE ABOVE FORM MAY BE ACCEPTED AS AN OFFICIAL VOUCHER. THE LOCAL BOARD OF EDUCATION MAY PAY TRANSPORTATION AID BASED ON THIS CLAIM PURSUANT TO NJSA 18A: 39-1 AND 18A: 19-3

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PARENTS MUST FILL OUT ALL THREE SECTIONS

DO NOT WRITE BELOW THIS LINE FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

TRANSPORTATION WILL BE PROVIDED

YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

INELIGIBLE

(REASON)

DATE

SIGNATURE

TITLE

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (BET) N.J.A.C. 6A:27-2.5

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

- ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

NOTE:

- IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
- IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

- COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15TH.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1ST.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.